Who is submitting this request?	Maria Lilling 1981;
Aggregator	
Aggregator Batch Number	
KN0215	
Aggregator name	
Knollwood Energy	
Aggregator Email	
linda@knollwoodenergy.com	
Other Aggregator name	
Other aggregator email address	
Facility Owner Name	
Richard Weaver	
Owner Prefix	
Mr.	
Constitution and Americans	
Facility Owner email	
dick@laconiahousing.org	
Owner Phone	
603-528-0239	
	Control estat de la fillación de estat de la fillación de la composition de la fillación de la fillación de la
Facility Address 39 Grant Rd	
39 Giant Ru	
Facility Town/City	
Gilford	
Facility State	
NH	
	Lineary, series transcered and series and series to the series of the se
Facility Zip	
03249	

Is the facility address the same as the owner's mailing address

YesNo
Mailing Address
Mailing Town/City
Mailing State
Mailing Zip
Primary Contact (who should we call with questions)
Linda Modica
Contact Phone
Other Email Address
Facility Information
Class
Utility NHEC
Other Utility Name
Date of Utility Signoff
07/22/2015
To obtain a GIS ID contact:
James Webb
James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")
54545
Facility Operator Name if applicable
Facility Operator Name, if applicable
Panel Quantity
27
Panel Make
ET Solar
Panel Model
P66026BAC
P000Z0BAC
Panel Rated Output
260
System capacity based on panels
7.0200
1.0200
Inverter Quantity
27
Inverter Make
Other
Other
Additional Inverter
Rated Output
235
System capacity based on inverters
6.34
System canacity in mW as stated on the interconnection corrected
System capacity in mW as stated on the interconnection agreement
6.426
Revenue Grade Meter Make
Other

Was this facility installed directly by the customer (no electrician involved)?

	Electrician Signoff
Sian-off	Electrician's License Number
125081	
	ion Company
Seacoa	ast Energy Alternatives, Inc.
Other In	stallation Company Name
as bassania trapa, ma parpagaina sa sas	
Other In	not Company Address
Other in	st. Company Address
Other In	st. Company City
Other In	st. Company State
O.I. I	1.0. 7
Other In	st. Company Zip
Indepen	dent Monitor Name
Paul Bu	utton
Monitor	Company Name
	Audits Unlimited
Energy	
none and a second	Outroop North
	Company Name
none and a second	Company Name
Monitor	Company Name Company Name
Monitor	
Monitor Monitor	Company Name
Monitor Monitor	

Is the installer also the equipment vendor?
YesNo
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-5791828_xhMo3Gct_Weaver_IC_copy.pdf
The project described in this application will meeet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independant minitor or a designated representative.
A revenue quality meter is used to measure the electricity generated.
The facility owner has certified to the independant monitor that the meter operaes according to manufacturing standards.
The meter shall be maintained according to the manufacturer's recommendations.
The project is installed and operating in conformance with applicable building codes.
A copy of the facility's interconnection agreement is attached.
Please attach additional document here
https://fs30.formsite.com/jan1947/files/f-5-168-5791828_Xh8bAVff_Weaver_NHOS.pdf
Please attach additional document here
Aggregator statement of accuracy
Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

i v

Print Name

Linda Modica

Date Signed

12/31/2015



NEW HAMPSHIRE ELECTRIC CO-OP INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information
Name: Ricarhd Weaver
Mail Address: 39 Grant road
City: Gilford State: NH Zip Code: 03249
Facility Location (if different from above):
Daytime Phone #: 603-528-0239
Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #:
Electricity Supplier (ES) Account #:
Section 2. Generating Facility Information
Generator Type (check one): Solarx _ Wind Hydro
Generator Manufacturer, Model Name & Number:ET Solar ET-P660260BAC 27
Generation output rating in AC & DC Kilowatts: 6.426 AC 7,02 KW DC
Number of Phases of Unit: Single, Three or Other: single Generation output rating in AC & DC Kilowatts: 6.426 AC 7.02 KW DC Inverter Manufacturer, Model Name & Number: SolarBridge Pantheon II X 27 @ 235 WATA
Battery backup? 🛘 Yes & No
Will a generator Disconnect Switch accessible to the utility be installed?
Proposed location of Disconnect Switch, if applicable:
Section 3. Installation Information & Certification
1. Installer a Check if owner-installed
Installation Date: 5/15/15
Installing Electrician: Ryan Bilodeau
State of NH License #: 12508m
Mail Address: 78 Pine Street
City: Rochester
State: 147 Zip Code.
Daytime Phone #:603-608-8428

Section 3. Installation Information & Cartification continued

2. The system hard 1741 and IEEE 92		ratories sta	andards to be in compliance with UL
Signed (Vendor/Su	applier):		
Name (printed):	Jack Bingham	Date:	6/22/15
Company: Sea	coast Energy Alternatives	or animotor, all the state of t	
Company Address:	P.O. Box 738 Samington NH 03825	differential and the	y paint deplants where or or the type and deplaced about the order or the management and a first transfer of the
3. The system has	been installed in compliance with the	ne local Bu	ilding/Electrical Code of:
(City/County)(SILFORD LARE	LKNI	48
Signed (Electrician	or Town Inspector):	rd (worde
Print Name: Dif	UID ANDRADE DE	ne:	127/13
In lieu of signatu	re by inspector, a copy of final inspe	ection certi	ificate may be attached.
4. The initial start- by the electrician	up test required by PUC 905.04 has	been succi	essfully completed
Completed on	7/1/1/19 Witnessed B	ر	54
5. Utility signature rules PUC 960.	to signify only receipt of this form,	in complia	nce with the Commission's net metering
Signed (NHEC)	Mon		
Print Name:	COM MCAYIL Date	-	7-22-15
Signed (Electricit	y Supplier Representative):		
Date:		istorii aanoo kang ayaanaa aanoo aa	
6. Interconnection	Date:	-77.	15
Applicant agrees	to install and operate the system in	accordance	to with PUC 900.
I hereby certify th Application is true	at, to the best of my knowledge, all e and correct.	of the Info	mation provided in this
Signature of Appl	leant: Kanas () a	كأنود	_Date:
THE ELIGIBLE CU A WRITTEN UPDA	ISTOMER-GENERATOR SHALL PRO ATE OF THE INFORMATION ON THIS	OVIDE NEV	Y HAMPSHIRE ELECTRIC CO- OP WITH SANY CHANGES OCCUR.

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

<u>RW</u>

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

RW.

A revenue quality meter is used to measure the electricity generated.

<u>RW</u>

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

<u>RW</u>

The meter shall be maintained according to the manufacturer's recommendations.

<u>RW</u>

The project is installed and operating in conformance with applicable building codes.



A copy of the facility's interconnection agreement is attached.

Richard Weaver

Printed Name of signature owner

Richard Weaver (Oct 6, 2015)

Signature of system owner